## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. MANN FOR CONGRESS PO Box 1084 ADDRESS (number and street) (Check if address is changed) Salina 67402-1084 KS CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@traceymann.com (Check if address is changed) Optional Second E-Mail Address les@leswilliamson.com COMMITTEE'S WEB PAGE ADDRESS (URL) traceymann.com (Check if address is changed) DATE 09 2021 C00460659 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Knopf, Justin, J.,, Type or Print Name of Treasurer Knopf, Justin, J.,, [Electronically Filed] 09 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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TYPE OF COMMITTEE		
Candidate Committe	ee:	
(a) This comm	nittee is a principal campaign committee. (Complete the candidate information below.)	
(b) This comminformation	nittee is an authorized committee, and is NOT a principal campaign committee. (Compa below.)	lete the candidate
Name of Candidate	nn, Tracey, Robert, ,	
Candidate Party Affiliation	REP Office Sought: <b>X</b> House Senate President	State KS District 01
(c) This comm	nittee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:		
(d) This comm	· · · · ·	Democratic, Republican, etc.) Party.
Political Action Com	nmittee (PAC):	
(e) This comm	nittee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected organization is a:
Co	orporation W/o Capital Stock	Labor Organization
Me	embership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	nittee supports/opposes more than one Federal candidate, and is NOT a separate seg. (i.e., nonconnected committee)	gregated fund or party
In a	addition, this committee is a Lobbyist/Registrant PAC.	
ln a	addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Re	epresentative:	
	ittee collects contributions, pays fundraising expenses and disburses net proceeds for two s/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
	ittee collects contributions, pays fundraising expenses and disburses net proceeds for two s/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees Par	rticipating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	
3.	FEC ID number	
4.	FEC ID number	

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Write or Type Committee Name	(3)	- Tage 0
MANN FOR CON	GRESS	
	ization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
,Mann Victory Fund		
INATITI VICTORY LUTIO		
Mailing Address	Box 1084	
Sali	na KS STATE	67402-1084 ZIP CODE
Relationship: Connected Orga	Affiliated Committee 🔀 Joint Fundraising Representative	e Leadership PAC Sponsor
. Custodian of Records: Identify by books and records.	y name, address (phone number optional) and position of the pers	on in possession of committee
Williamson, Les,	,,	
,PO	Box 1084	
Mailing Address		
L	ina KS ,	67402-1084
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	4 – 676 – 7442
s. <b>Treasurer:</b> List the name and add any designated agent (e.g., assista	ress (phone number optional) of the treasurer of the committee; ar ant treasurer).	nd the name and address of
Full Name Knopf, Justin, J.,	<b>,</b>	
	4 S Kipp Road	
Gyr	psum KS	67448-9772
	CITY STATE	ZIP CODE
Title or Position Treasurer	785  Telephone number	5 452 - 5550

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Full Name of Designated Agent Williamso	on, Les, , ,		
Mailing Address	PO Box 1084		
	Salina	STATE 67402	2-1084 ZIP CODE
Title or Position Assistant Treasurer	Telephone nu	mber 214 – [	676
Ranks or Other Denosito	ries: List all banks or other depositories in which the commi	ttee denosits funds ha	alds accounts rents
safety deposit boxes or ma Name of Bank, Depository,	intains funds.	noo uoposiis funus, ne	nus uccounts, rents
Classi	c City Bank		
Mailing Address	2365 W Broad Street		
	Athens	GA 30606	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Wells	- Fargo		
Mailing Address	8302 Woodmont Avenue		
Mailing Address			
	Bethesda	MD 20814	
	CITY	STATE	ZIP CODE

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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Spon
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Dolotionohina	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
Connecte			ative Leadership PAC S
Connecte	d Organization Affiliated Committee		ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee		ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee		Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)  CITY	Fundraising Representa	
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which teleprises.	Fundraising Representa	ZIP CODE A
connecte esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor affety deposit boxes or material boxes or material boxes or material boxes.  Chain epository, etc.	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which the aintains funds.  Bridge Bank	Fundraising Representa	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). <b>Joint Fundrais</b> i	ig raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Americans For B	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	824 S Milledge Ave		
·	Ste 101		
	Athens	GA GA	30605-1332
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee	int Fundraising Represent	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	d Organization Affiliated Committee	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee Joint	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification  Full Name Mailing Address	d Organization Affiliated Committee Joint		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, repository, etc.	Affiliated Committee  y Joint by by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in which aintains funds.  Bank	STATE A Telephone Number	ZIP CODE A